

SUPPLEMENTAL APPLICATION FORM FOR POSITIONS WORKING WITH CHILDREN

In order to submit an application for a position working with children under the age of 18, you must also submit a copy of your high school diploma or G.E.D.

An applicant for a position requiring working with children under the age of 18 must answer the following questions:

1. Have you ever been charged with or arrested for a crime involving a child?

☐ Yes ☐ No

If yes, please provide a description of the disposition of the charge or arrest in the space below. At a minimum, state the date and location of the incident giving rise to the charge or arrest, the law enforcement agency that investigated, and the name and address of the court that adjudicated the charge or arrest, and the disposition of the charge or arrest.

2. Have you ever been charged with or arrested for a crime involving alcohol or drugs?

☐ Yes ☐ No

If yes, please provide a description of the disposition of the charge or arrest in the space below. At a minimum, state the date and location of the incident giving rise to the charge or arrest, the law enforcement agency that investigated, and the name and address of the court that adjudicated the charge or arrest, and the disposition of the charge or arrest.

This is to advise that if you are accepted for employment the Air Force is required to request a State Criminal History Repository Check as a condition of your employment. You have a right to obtain a copy of the criminal history report and challenge the accuracy of any information contained in the report.

I declare under penalty of perjury that the foregoing is true and correct. I understand the penalty for perjury is a fine up to \$250,000 or imprisonment for up to 5 years, or both.

Signature: _____

Date: _____

ACKNOWLEDGEMENT OF RIGHTS AND CONSENT TO RELEASE RECORDS

AUTHORITY

42 U.S.C. 13041 and 10 U.S.C. 8013

PRINCIPAL PURPOSE

To comply with Public Law 101-647, Section 231, and DoDI 1402.5, Criminal History Background Checks on Individuals in Childcare Services.

DISCLOSURE

Mandatory. In the case of an applicant for employment in a position involved with children under the age of 18, refusal to sign this form shall result in the employer's refusal to consider the application for employment. In the case of an incumbent of a position involved with children under the age of 18, refusal to sign this form shall result in removal from such position.

EMPLOYEE ACKNOWLEDGEMENT

1. I have been advised and understand that the United States Air Force, as a Federal employer, has an obligation to require a record check as a condition of my employment in a position involved with children under the age of 18. I have been further advised that I have a right to obtain a copy of any criminal history report made available to such employer or potential employer and to challenge the accuracy and completeness of any information included in such report.
2. I understand that the record check may include the following:
 - a. A State Criminal History Repository Check in the state where I currently reside and in states where I have formerly resided in the past 7 years.
 - b. An Installation Records Check at all installations I have identified as residences during the preceding 2 years. This records check will include, as a minimum, inquiries of the Security Police, Medical Treatment Facility, the Family Housing Office, the Military Equal Opportunity Office, and the Family Advocacy Office.
 - c. A National Agency Check with inquiries, including a Federal Bureau of Investigation fingerprint check.
3. I hereby authorize any Federal, State, or local agency or office to release any record relating to me that is necessary to complete the record checks as described above.

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

ATTACHMENT TO NAF APPLICATION REQUIRED FOR ANY POSITION INVOLVING CONTACT WITH INDIVIDUALS UNDER THE AGE OF 18

In addition to completion of the NAF application, you must provide your last two (2) employer references in the space provided below. This must match your application.

Company Name: _____

Supervisor's Name: _____

Address: _____

Phone #: _____ () _____

Company Name: _____

Supervisor's Name: _____

Address: _____

Phone #: _____ () _____

Complete additional information needed for State Criminal History Repository Checks. List the places you have lived beginning with your present address (#1) and working back seven (7) years. If additional space is needed, attach a continuation sheet to this form.

#1	Month/Year To	Month/Year	Street Address	Apt #	City (Country)	State	Zip Code
#2	Month/Year To	Month/Year	Street Address	Apt #	City (Country)	State	Zip Code
#3	Month/Year To	Month/Year	Street Address	Apt #	City (Country)	State	Zip Code
#4	Month/Year To	Month/Year	Street Address	Apt #	City (Country)	State	Zip Code
#5	Month/Year To	Month/Year	Street Address	Apt #	City (Country)	State	Zip Code
#6	Month/Year To	Month/Year	Street Address	Apt #	City (Country)	State	Zip Code
#7	Month/Year To	Month/Year	Street Address	Apt #	City (Country)	State	Zip Code